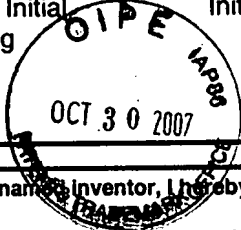


DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

☒ Declaration Submitted with Initial Filing **OR** ☐ Declaration submitted after Initial Filing



Attorney Docket Number	2003-0111
First Named Inventor	Hossein Eslambolchi
COMPLETE IF KNOWN	
Application Number	
Filing Date	
Group Art Unit	
Examiner Name	Not Yet Assigned

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Protective Cover for Fiber Cable Reels and Method of Protecting Same

(Title of the invention)

the specification of which

☒ is attached hereto
OR
☐ was filed on _____ as United States Application Number or PCT International Application Number _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of an application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) below.

Application Number(s)	Filing Date(MM/DD/YYYY)	
		<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto

SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Attorney Docket Number: 2003-0111

DECLARATION - Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application or PCT Parent
Number

Parent Filing Date
(MM/DD/YYYY)

Parent Patent Number
(if applicable)

OCT 30 2007

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As a named inventor, I hereby appoint the following registered practitioner(s) with full power of substitution and revocation, to prosecute this application, to make alterations and amendments therein, to receive the patent, and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number

Place Customer Number Bar
Code Label here

OR

☒ Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number
DWORETSKY, Samuel H.	27873	CANAVAN, Robert T.	37592
RESTAINO, Thomas A.	33444	MONKA, Gary H.	35290
GHOSH, Arpan	48552		
MCGAHAN, Susan E.	35948		

☐ I also appoint the following additional registered practitioner(s) named on the Registered Practitioner Information (Supplemental Sheet) (PTO/SB/02C modified by AT&T Corp.) attached hereto with full power of substitution and revocation, to prosecute this application, to make alterations and amendments therein, to receive the patent, and to transact all business in the Patent and Trademark Office connected therewith.

Direct all phone inquiries to: Dworetsky, Samuel H. 908-532-1855

Direct all written correspondence to:

☒ Customer Number or Bar Code Label

Customer Number - 26652

or ☐ Correspondence address below

NAME	Samuel H. Dworetsky				
ADDRESS	AT&T CORP. P.O. Box 4110				
CITY	Middletown	STATE	New Jersey	ZIP CODE	07748-4110
COUNTRY	United States of America	FAX	732-368-6932		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor

☐ A petition has been filed for this unsigned inventor

Name	Hossein Eslambolchi		
Signature	<i>Hossein Eslambolchi</i>		Date 12/10/03
Citizenship	United States		
Address (line 1)	13826 Moon Lane		
Address (line 2)	Los Altos Hills		
Address (line 3)	Santa Clara County		
Address (line 4)	California		
Address (line 5)	USA		
Zip Code	94022		

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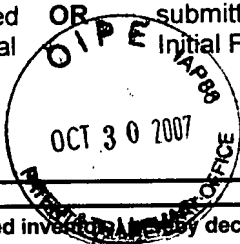
OCT 30 2007

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 1**Name of Additional Joint Inventor, if any:** A petition has been filed for this unsigned inventor**Name** John Sinclair Huffman**Signature****Date****Citizenship** United States**Address (line 1)** 261 Cowan Road**Address (line 2)** Conyers**Address (line 3)** Rockdale County**Address (line 4)** Georgia**Address (line 5)** USA**Zip Code** 30094**Name of Additional Joint Inventor, if any:** ☐ A petition has been filed for this unsigned inventor**Name****Signature****Date****Citizenship****Address (line 1)****Address (line 2)****Address (line 3)****Address (line 4)****Address (line 5)****Zip Code****Name of Additional Joint Inventor, if any:** ☐ A petition has been filed for this unsigned inventor**Name****Signature****Date****Citizenship****Address (line 1)****Address (line 2)****Address (line 3)****Address (line 4)****Address (line 5)****Zip Code****Name of Additional Joint Inventor, if any:** ☐ A petition has been filed for this unsigned inventor**Name****Signature****Date****Citizenship****Address (line 1)****Address (line 2)****Address (line 3)****Address (line 4)****Address (line 5)****Zip Code**

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Attorney Docket Number 2003-0111

First Named Inventor Hossein Eslambolchi

COMPLETE IF KNOWN

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Examiner Name

Not Yet Assigned

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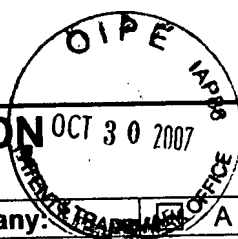
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Name of Sole or First Inventor		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
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Signature		Date	
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Attorney Docket Number: 2003-0111

DECLARATION



ADDITIONAL INVENTOR(S)

Supplemental Sheet

Page 1 of 1

Name of Additional Joint Inventor, if any: ☐ A petition has been filed for this unsigned inventor

Name John Sinclair Huffman

Signature

Date

12/3/2003

Citizenship United States

Address (line 1) 261 Cowan Road

Address (line 2) Conyers

Address (line 3) Rockdale County

Address (line 4) Georgia

Address (line 5) USA

Zip Code 30094

Name of Additional Joint Inventor, if any: ☐ A petition has been filed for this unsigned inventor

Name

Signature

Date

Citizenship

Address (line 1)

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